## PART B - FEE(S) TRANSMITTAL 10-18-04

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



(703) 746-4000 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wh

appropriate. All further con indicated unless corrected maintenance fee notification	below or directed otherwise	Patent, advance or in Block 1, by (a	ders and not specifying	ification of maintenance fees v a new correspondence address;	vill be mailed to the current and/or (b) indicating a sepa	correspondence address arate "FEE ADDRESS"	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Fee(s) Transmittal. Th	Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m		
7590 07/29/2004				have its own certificate	e of mailing or transmission.	ont of format drawing, in	
David F. Martine ATSER 1150 Richcrest Dri Houston, TX 7706	ive 0	O 001 15 200	NOTE OF THE PARTY	Cel I hereby certify that the States Postal Service of addressed to the Mai transmitted to the USP	rtificate of Mailing or Transis Fee(s) Transmittal is bein with sufficient postage for fir 1 Stop ISSUE FEE address TO (703) 746-4000, on the control of the	smission g deposited with the Un st class mail in an envel above, or being facsim date indicated below.	
10/21/2004 AKELECH2 00	000023 501861 098142	50 •		<del> </del>		(Depositor's na	
01 FC:1504 02 FC:2501 20.	300.00 OP 665.00 OP	TENT & TRAC				(Signat	
APPLICATION NO.	PLICATION NO. FILING DATE FIRST		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/814,250 03/21/2001			Charles Christian Birkner		-	5574	
TITLE OF INVENTION: COMPUTERIZED LABORATORY INFORMATION MANAGEMENT SYSTEM							
•							
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES \$665			\$300	\$965	10/29/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS	]		
PRETLOW, DEMETRIUS R		2863		702-084000	,		
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list							
CFR 1.363).  Change of correspondence address (or Change of Correspondence or agents OR, alternatively,						<u>&amp; Associates</u>	
Address form PTO/SB/122) attached.			(2) the name of a single firm (having as a member a 2				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATEN	T (print or type)	····		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
ATSER, Inc. Houston, TX							
Please check the appropriate	assignee category or categor	ries (will not be pri	inted on the p	oatent); 🗆 individual 📈 c	corporation or other private gr	roup entity  governm	
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):							
Issue Fee				A check in the amount of the fee(s) is enclosed.			
☑ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies				Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number (enclose an extra copy of this form).			
			Deposit Acc	count Number 50 86	(enclose an extra c	copy of this form).	
_	(from status indicated above AALL ENTITY status. See 3		□ b. Applica	ant is not claiming SMALL EN	ΓΙΤΥ status. See, e.g., 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and P	is requested to apply the Issuublication Fee (if required) words of the United States Pate	ill not be accepted	from anyone	ny) or to re-apply any previousle other than the applicant; a regi	y paid issue fee to the application istered attorney or agent; or the	ation identified above. he assignee or other part	
(Authorized Signature)	66	(Date)	127/1	04			
This collection of informatic an application. Confidential submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virginia 22313-	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. plication form to the USPT's for reducing this burden, shinia 22313-1450. DO NOT \$1450.	11. The information 122 and 37 CFR 122 and 37 CFR 123. Time will vary ould be sent to the SEND FEES OR C	n is required 1.14. This col depending use Chief Information COMPLETEI	to obtain or retain a benefit by t llection is estimated to take 12 pon the individual case. Any con mation Officer, U.S. Patent and D FORMS TO THIS ADDRESS	the public which is to-file (an minutes to complete, includir mments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner	d by the USPTO to proc ng gathering, preparing, me you require to comp artment of Commerce, P for Patents, P.O. Box 14	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.